

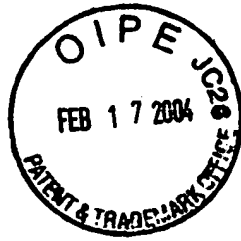
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Michael J. Scaggs

Application No.: 09/733,874

Filed: December 8, 2000

For: 157 NM LASER SYSTEM AND METHOD
FOR MULTI-LAYER SEMICONDUCTOR
FAILURE ANALYSIS

Group Art Unit: 2815

Examiner: J.R. Diaz

**RESPONSE TO OFFICE ACTION
MAILED OCTOBER 27, 2003**121 Spear Street, Suite 290
San Francisco, CA 94105
(415) 512-1312**RECEIVED****FEB 24 2004**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited
with the United States Postal Service as First Class Mail in an
envelope, addressed to: Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450 on February 12, 2004.
STALLMAN & POLLOCK LLP

Dated: 02/12/2004

By:

Georgia K. Stith

Sir:

In response to the October 27, 2003, Office Action, and in conjunction with Applicant's request for a one-month extension of time in which to respond, Applicant responds herewith. In response to the Office Action, please amend the above-identified application as follows:

Amendment to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

02/23/2004 BABRAHA1 00000050 09733874

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121 Spear Street, Suite 290
San Francisco, CA 94105
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2815

In re Patent Application of: Michael J. Scaggs

Atty Docket No. LMPY-10910 [252/U]

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For: 157 NM LASER SYSTEM AND METHOD FOR MULTI-LAYER SEMICONDUCTOR FAILURE ANALYSIS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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FEB 24 2004

Sir:

Transmittal herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	3	MINUS	35	0	x \$18 =	\$0
INDEP.	3	MINUS	4	0	x \$86 =	\$0
FIRST PRESENTATION OF MULTIPLE DEP CLAIMS					+ \$290	\$0
					TOTAL	\$0

Small Entity 50% Filing Fee Reduction (if applicable) \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)

- ☐ No additional fee is required.
- ☒ Applicant(s) hereby petition(s) for a one-month extension of time in which to file the present response and enclose(s) herewith the necessary fee to accompany this petition. A check in the amount of \$110.00 is attached.
- ☒ Please charge any additional fees, including any fees necessary for extensions of time or credit overpayment to Deposit Account No. 50-1703, under Order No. LMPY-10910.
A duplicate copy of this sheet is enclosed.

STALLMAN & POLLOCK LLP

Dated: February 12, 2004

By:
Brian J. Keating (Reg. No. 39,520)
Attorneys for Applicant(s)

CERTIFICATE OF MAILING

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Dated: February 12, 2004

By:
Georgia K. Stith